

PATE-IT MAINTENANCE
DATE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2005 OCT 14 PM 09:20

Applicants: MCCORMICK, et al.

Application No.: 09/522,900

Filed: March 10, 2000

Title: Self Antigen Vaccines for Treating B-
Cell Lymphomas and Other Cancers

Attorney Docket No. 42200

Examiner: David J. BLANCHARD

Art Unit: 1642

Deposit Account No. 500933

I hereby certify that this Correspondence is being
facsimile transmitted to the USPTO at 571-273-6500 on14 OCT 2005 (Date).

By:

Thomas Gallegos, Reg. No. 32,692

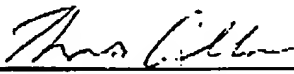
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Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450**REQUEST FOR REFUND**

Sir:

Applicants are submitting a request for refund for an overcharge of \$510.00 to our Deposit Account No. 500933 for the above-identified patent application. A Petition for Extension of Time under 37 CFR 1.136(a) was filed with the Commissioner for Patents on August 2, 2005, and Applicants' deposit account was double charged (Fee Code 2253). Applicants claim Small Entity status. Attached is a U.S. Patent and Trademark Office Monthly Statement of Deposit Account dated 8/31/05 with the double charge. Please deposit a refund of the overcharge of \$510.00 to Deposit Account No. 500933.

Date: 14 OCT 2005

Respectfully submitted,


Thomas Gallegos, Reg. No. 32,692
Sr. Director, Intellectual PropertyLarge Scale Biology Corporation
3333 Vaca Valley Parkway, Suite 1000
Vacaville, CA 95688
Tel.: (707) 469-2307
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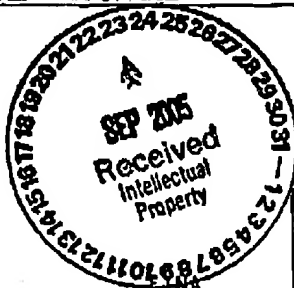
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SHARRON THOMPSON
3333 VACA VALLEY PARKWAY
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| | |
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| Account No. | 500933 |
| Date | 8-31-05 |
| Page | 1 |

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| DATE POSTED MO. DAY YR. | CONTROL NO. | DESCRIPTION (Serial, Patent, TM, Order) | DOCKET NO. | FEE CODE | CHARGES/ CREDITS | BALANCE |
|----------------------------|----------------|--|---------------|-------------|---------------------|----------|
| 8 2 05 | 55 | 6911312 | 2316-132 | 1811 | 100.00 | 12466.00 |
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| 8 2 05 | 122 | 10193142 | 44008 | 2402 | 250.00 | 12116.00 |
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| 8 11 05 | 2 | 6482303 | 2316-145 | 1811 | 100.00 | 10771.00 |
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| 8 12 05 | 273 | 6652724 | 41538A | 1811 | 100.00 | 10571.00 |
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| 8 12 05 | 275 | 6783648 | 40446 | 1811 | 100.00 | 10371.00 |
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| 8 12 05 | 277 | 6513813 | 2316-131 | 1811 | 100.00 | 10171.00 |
| 8 12 05 | 278 | 6761810 | 40736 | 1811 | 100.00 | 10071.00 |
| 8 19 05 | 2 | 10356708 | P-LG10100 | 1251 | 120.00 | 9951.00 |
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| 8 25 05 | 157 | 11209592 | 42255-CNO1 | 2111 | 250.00 | 9451.00 |
| 8 25 05 | 158 | 11209592 | 42255-CNO1 | 2311 | 100.00 | 9351.00 |
| 8 29 05 | 1 | 6643391 | 44418 | 1811 | 100.00 | 9251.00 |
| 8 30 05 | 81 | E-REPLENISHMENT | | 9203 | -10000.00 | 19251.00 |
| 8 30 05 | 97 | 11090497 | LSBC-8630-CIP | 2051 | 65.00 | 19186.00 |
| 8 30 05 | 98 | 11090497 | LSBC-8630-CIP | 2251 | 60.00 | 19126.00 |

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PATENT, TRADEMARK & COPYRIGHT ATTORNEYS**

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DATE: October 14, 2005

NO. OF PAGES INCLUDING COVER PAGE: 1

TO: REFUND DEPARTMENT

FAX NO.: (571) 273-6500

FROM: Deanine Jaffe

RE: U.S. Trademark Application SHRED GUARD - S.N. 76/613,395

If you do not receive all of the pages, please call the above phone number as soon as possible

To Whom It May Concern:

Please refund the amount of \$650 to Deposit Account #03-2468. In the Response to the Office Action filed on October 14, 2005 for Application Serial Number 76/613,395, Applicant added two (2) new classes to the application for a total fee of \$650. However, the account was erroneously charged at \$1,300. Our deposit account information is as follows:

Deposit Account # 03-2468
Access Code # 3132

Thank you for your cooperation in this matter.

Sincerely,

COLLARD & ROE

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PTO/SB/22 (06-04)

Approved for use through 7/31/2006. OMB 0651-0031

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|------------------|---|------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 42200 | |
| Application Number 09/522,900 | | Filed 3/31/2000 | |
| For SELF ANTIGEN VACCINES FOR TREATING B-CELL LYMPHOMAS AND OTHER CANCERS | | | |
| Art Unit 1642 | | Examiner BLANCHARD, David J. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | Fee \$ 110.00 | Small Entity Fee \$ 55.00 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 430.00 | \$ 215.00 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 980.00 | \$ 490.00 | \$ <u>490.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,530.00 | \$ 765.00 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,080.00 | \$ 1,040.00 | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>500933</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,636</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | |
| <u>John E. Tarcza</u> Signature | | <u>August 2, 2005</u> Date | |
| <u>John E. Tarcza</u> Typed or printed name | | <u>301-371-7740</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

08/08/2005-JBALINAN 00000057 500933 09522900

01 FC:2253 510.00 DA

PAGE 14/14 * RCVD AT 8/2/2005 7:27:44 PM [Eastern Daylight Time] * SVR:USPTO-EPXRF-6/26 * DMS:2738308 * CBID:301 354 1303 * DURATION (mm-ss):05-35

Adjustment date: 12/01/2005 SDENBOB1
08/08/2005 JBALINAN 00000057 500933 09522900
01 FC:2253 510.00 CR

East Advantage Corp.